

# Arizona 2000 Health Report Card

prepared by  
Arizona Department of Health Services



# Health Priorities for Arizona

One of the basic principles of public health is to prevent disease and promote health. It is far easier and less costly to maintain good health than it is to cure illness. Public health programs work to keep people and communities healthy and to detect problems at the earliest possible stage.

Healthy People 2000 was the first national program aimed at encouraging healthy behavior by stating health objectives and setting goals for them. However, the scope of Healthy People 2000—22 priority areas with approximately 300 objectives—was not only daunting but also beyond the resources of any state. Arizona needed a more focused, manageable effort—one that would commit the necessary time, people and financial resources to the effort, thereby increasing the likelihood of positive change. This effort also needed to include priorities important to Arizona, but not addressed by Healthy People 2000.

Twenty-five health leaders across Arizona came together on October 9, 1992 in a unique planning session to achieve consensus on 10 priority areas in only one day. Some of these areas were, by definition, difficult to measure. Others had objective indicators and were tracked by the Arizona Department of Health Services over the course of the decade.

Following is a summary of statistical results of those Arizona 2000 objectives that were measurable, and a roadmap for where work lies ahead. Today, Healthy People 2010 is underway nationally, and Healthy Arizona 2010 is working once again on Arizona's own unique set of objectives, to build health awareness and increase healthy behaviors.



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## Health of Mothers and Infants

The first year of life is the most vulnerable. Infant mortality is generally considered to be one of the major indicators of the health and well-being of a human population. In Arizona, African-American and Native American infants die in the first year of life at significantly higher rates than other infants. Therefore, special emphasis has been placed in reducing infant mortality rates in these populations.

Prenatal care has a profound impact on the outcome of pregnancy. Women who have fewer than five prenatal care visits are twice as likely to give birth to a low birth weight infant than those who have more visits. A low birth weight infant is more likely to be sick at birth and require specialized, expensive medical care. Many women at risk of having a low birth weight baby can be identified during the first prenatal visit.

## Reduction of Sexually Transmitted Diseases

In the beginning of the 1990s, statistics indicated a large number of female teenagers and single adults were initiating sexual activity at an earlier age, often with multiple sexual partners. As a result, STD rates for these groups had skyrocketed. Women suffer disproportionately from the effects of STDs, often developing pelvic inflammatory disease, ectopic pregnancy, infertility and cervical cancer. The predominantly low-income ethnic minorities experience disproportionately high rates of STDs and associated complications.

Because of advances in drug treatments, HIV/AIDS now is considered to be chronic and long-term, rather than an acute, short-term phenomenon. The emerging emphasis on living with the disease has critical implications as it becomes increasingly amenable to care, management and continued treatment. While the rate of chlamydia infection showed only slight improvement over the decade, screening technology has vastly improved so many more cases are being identified.

## Preventable Diseases Related to Lifestyle

Prevention is one of the most important and challenging avenues for substantially improving the health of Arizonans. Rather than focus on the disease specific objectives (i.e., reducing cancer, heart disease), Arizona 2000 selected the risk factor approach. Selecting risk factors for specific action plans focuses on the cause as opposed to the outcome, and it addresses more than one disease. Changes in disease rates may take a decade or more to observe, while changes in risk factors can be measured more readily. Improvements in health habits such as not smoking, eating less fat and increasing physical activity can significantly impact not only an individual's quality of life, but the need for expensive treatment due to disease.

## Reduction of Vaccine Preventable Diseases

Significant strides have been made in reducing diseases preventable by vaccination. Immunizing all children by age 2 was a key objective of Arizona 2000. Better enforcement of existing state law and administrative rules have resulted in up-to-date immunization for almost the entire population.

## Prevention of Injuries

Injuries are among the leading causes of death for Arizonans of all ages. Injuries result not only in high fatality rates, but also enormous economic costs. Arizona 2000 objectives included the two major categories of injury: unintentional and intentional. Unintentional injuries account for needless deaths at both ends of the age spectrum. Because of the concern with current trends, rates of falls among adults age 65 and older, and drowning among children age 0–4 are included here even though they were not addressed in the Arizona 2000 plan. While some intentional injuries such as suicide and homicide have decreased in the past decade, much work still needs to be done. Arizona rates of suicide among teens and older adults still exceed the national average. Both suicide and homicide are being addressed by Healthy Arizona 2010 and by the new State Injury Prevention Plan.

PRIORITY AREAS		PROGRESS			
Health of Mothers and Infants		Achieved Objective	Right Direction	Wrong Direction	No Change
<b>1. Reduce the rate of infant deaths to no more than 7 per 1,000 births.</b> 1990: 8.7 2000: 6.7		✓			
Reduce the rate of infant deaths among Blacks to no more than 11 per 1,000 live births. 1990: 16.8 2000: 12.5			✓		
<b>2. Reduce percentage of babies with low birth weight (LBW) to five or less.</b> 1990: 6.5% 2000: 7.2%				✓	
Reduce LBW percentage to 10 percent or less among Black births. 1990: 11.5% 2000: 12.7%				✓	
Reduce percentage of babies with very low birth weight to no more than 1 percent of live births. 1990: 1.3% 2000: 1.3%					✓
<b>3. Increase to 95 percent the proportion of women giving birth who receive prenatal care that starts early (in the first trimester) and includes at least five visits.</b> 1990: 64.8% 2000: 71.6%			✓		
Non-Hispanic white 1990: 76% 2000: 83.1%			✓		
Hispanic 1990: 49% 2000: 59%			✓		
Black 1990: 56.6% 2000: 66.6%			✓		
American Indian 1990: 44% 2000: 61.5%			✓		
<b>4. Reduce teen pregnancy and childbearing:</b> Reduce pregnancies among girls age 14 and younger to 1.5 per 1,000. 1990: 2.0 2000: 1.5		✓			
Reduce pregnancies among girls 15-17 years to 45 per 1,000 1990: 61.7 2000: 48.1			✓		
<b>5. Increase abstinence from substance use by women giving birth:</b> Reduce alcohol use by women giving birth by at least 50 percent. 1990: 3.8% 2000: 1.2%		✓			
Reduce conjoint use of alcohol and tobacco by women giving birth by at least 50 percent. 1990: 1.8% 2000: 0.5%		✓			

PRIORITY AREAS		PROGRESS		
	Achieved Objective	Right Direction	Wrong Direction	No Change
<b>Universal Access to Health Services</b>				
Baseline: 1992 – 13% without any health insurance 2000 – 16% without any health insurance			✓	
<b>Reduction of Sexually Transmitted Diseases, Including HIV</b>				
1. Reduce gonorrhea infections to no more than 100 per 100,000 persons. 1990: 149 2000: 85.9		✓		
2. Reduce the rate of gonorrhea among females 15-24 years by 20 %. 1990: 490.6 2000: 304.1		✓		
3. Reduce the rate of gonorrhea infections among Blacks to no more than 1,300 per 100,000 persons. 1990: 1,734.5 2000: 630.8		✓		
4. Reduce the rate of chlamydia among females 15-24 years by 10%. 1990: 2,105 2000: 2,075			✓	
5. Reduce the annual incidence of primary and secondary syphilis to no more than 4 per 100,000 persons. 1990: 17.2 2000: 3.7		✓		
6. Reduce the annual incidence of congenital syphilis to no more than 40 per 100,000 persons. 1990: 43.2 2000: 30.6		✓		
7. Reduce the annual incidence of newly diagnosed AIDS cases. 1990: 540 2000: 332		✓		
<b>Preventable Diseases Related to Lifestyle</b>				
Reduce prevalence of tobacco use to no more than 15% of adults. 1. 1992: 19.2% 2000: 18.5%			✓	
2. Increase, to at least 30%, the percentage of people who participate in regular physical activity. 1992: 24.7% 2000: 34.1%		✓		
<b>Reduction of Vaccine Preventable Diseases</b>				
1. Eliminate measles and rubella				
Measles (# of cases) 1990: 311 2000: 0		✓		
Rubella (# of cases) 1990: 32 2000: 1			✓	

PRIORITY AREAS		PROGRESS			
		Achieved Objective	Right Direction	Wrong Direction	No Change
<b>2. Reduce the annual incidence of:</b>					
<b>Pertussis (# of cases)</b> 1990: 77 2000: 108				✓	
<b>Mumps (# of cases)</b> 1990: 145 2000: 6		✓			
<b><i>Haemophilus influenzae B</i> [Invasive disease in children under 5] (# of cases)</b> 1990: 68 2000: 3		✓			
<b>Hepatitis B (# of cases)</b> 1990: 488 2000: 215		✓			
<b>Tuberculosis to no more than 3.5 cases per 100,000 persons.</b> 1990: 7.5 2000: 5.1			✓		
<b>3. Decrease death rate for influenza and pneumonia (age-adjusted)</b> 1990: 18.8 2000: 13.8			✓		
<b>Prevention of Injuries</b>					
<b>1. Reduce motor vehicle crash-related deaths to no more than 16.8 per 100,000 persons (age-adjusted)</b> 1990: 23.8 2000: 17.4			✓		
<b>Reduce motor vehicle-related deaths among American Indians to no more than 39.2 per 100,000 persons</b> 1990: 81.6 2000: 68.5			✓		
<b>2. Reduce suicides to no more than 10.5 per 100,000 persons (age-adjusted)</b> 1990: 17.1 2000: 13.5			✓		
<b>3. Reduce homicides to no more than 7.2 per 100,000 persons (age-adjusted)</b> 1990: 8.6 2000: 8.1			✓		
<i>Because of the concern with current trends, rates of falls among adults age 65 and older, and drowning among children age 0–4 are included below even though they were not addressed in the Arizona 2000 plan.</i>					
<b>1. Deaths from falls and fall-related injuries per 100,000 persons age 65-84:</b> 1990: 20 2000: 26.5					
<b>2. Deaths from falls and fall-related injuries per 100,000 persons age 85 and older:</b> 1990: 116.7 2000: 213.1					
<b>3. Deaths from drowning per 100,000 children age 0 - 4:</b> 1990: 5.8 2000: 6.5					

# Goals for the Future

In January 2000, the United States Surgeon General identified ten Leading Health Indicators to be measured on an annual basis. The Healthy Arizona 2010 planning team saw the benefit of building Arizona's new goals on that set of indicators and added two more to make the list comprehensive. The twelve focus areas in the 2010 plan are:

**PHYSICAL ACTIVITY**  
**NUTRITION**  
**TOBACCO USE**  
**MENTAL HEALTH**  
**SUBSTANCE ABUSE**  
**RESPONSIBLE SEXUAL BEHAVIOR**  
**INJURY AND VIOLENCE PREVENTION**  
**ENVIRONMENTAL HEALTH**  
**IMMUNIZATION AND INFECTIOUS DISEASE**  
**ACCESS TO CARE**  
**MATERNAL & INFANT HEALTH**  
**ORAL HEALTH**

Many of these focus areas will also be addressed in a special plan devoted to Arizona's aging population called Healthy Aging 2010, to be released in the fall of 2002. An additional component of the Healthy Arizona 2010 plan is "Healthy Gente," a border health partnership between the United States and Mexico that addresses the needs of the unique border community.

One overarching goal of Healthy Arizona 2010 is to reduce the health disparities that exist within each focus area. To achieve this and to develop new solutions to public health issues, teams are at work within Arizona Department of Health Services and in counties and communities throughout Arizona. Much of the improvement of our health statistics will be through the promotion of prevention strategies at the local level.

To obtain a copy of the Healthy Arizona 2010 plan, you can visit the website at [www.healthyz2010.org](http://www.healthyz2010.org) or call 602-542-1223.

## ARIZONA 2000 HEALTH REPORT CARD

Satisfactory	Opportunities	Excellent	Subject
	✓		Health of Mothers & Infants
	✓		Reduction of Sexually Transmitted Diseases
	✓		Preventable Diseases Related to Lifestyle
	✓		Reduction of Vaccine Preventable Diseases
	✓		Prevention of Injuries



For more information about Arizona Department of Health Services programs, goals, and services, please contact the Public Information Office at 602-542-1001, or visit us on the web at [www.hs.state.az.us](http://www.hs.state.az.us)

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